

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 26, 2006.

Sharleen Lane

Sharleen Lane

12-26-06

Date



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Mariagrazia Pizza, Antonella Bartoloni and Rino Rappuoli

Application No.: 10/766,560

Examiner: Kam, Chih Min

Filing Date: January 29, 2004

Group Art Unit: 1656

Confirmation No.: 8267

For: **IMMUNOLOGICALLY ACTIVE PEPTIDES WITH  
ALTERED TOXICITY USEFUL FOR THE PREPARATION OF  
ANTIPERTUSSIS VACCINE**

**AMENDMENT FEE TRANSMITTAL AND**  
**PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- REPLY TO RESTRICTION REQUIREMENT AND PRELIMINARY AMENDMENT**
- PETITION FOR EXTENSION OF TIME**

Applicants hereby petitions for extension of time under 37 C.F.R. §1.136(a) to respond to the Restriction Requirement dated June 26, 2006 for 5 months from July 26, 2006 to December 26, 2006. The appropriate fee of \$2,160.00 is included in the enclosed check.

- RETURN RECEIPT POSTCARD**

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	2	MINUS	33	= 0	x \$50.00	\$0.00
INDEP.	1	MINUS	8	= 0	x \$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$360.00		\$0.00

Total \$ 0

- \* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

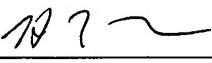
The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- PAYMENT** – Check No. 9198 in the amount of \$2,160.00 to cover the above-identified fees.
- The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication to Deposit Account No. 03-1664.

Respectfully submitted,

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

By:

  
Helen Lee  
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Emeryville, CA 94662-8097

Dated: *December 26, 2006*